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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |    | Application Number     | 10/806,828         |
|  |    | Filing Date            | March 22, 2004     |
|  |    | First Named Inventor   | Atladdottir        |
|  |    | Art Unit               | N/A                |
|  |    | Examiner Name          | N/A                |
| Total Number of Pages in This Submission   | 5+ | Attorney Docket Number | ACS-64880 (4171DX) |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Group                      |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application                  | <input type="checkbox"/> Proprietary Information                                     |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):      |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

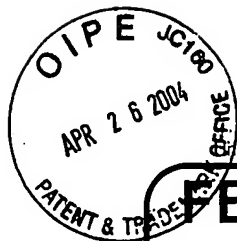
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                            |
|--|----------------------------|
| Firm or Individual name                    | Douglas R. Peterson        |
| Signature                                  | <i>Douglas R. Peterson</i> |
| Date                                       | 4/22/04                    |

| CERTIFICATE OF TRANSMISSION/MAILING   |                            |      |         |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on |                            |      |         |
| Typed or printed name   | Douglas R. Peterson        |      |         |
| Signature   | <i>Douglas R. Peterson</i> | Date | 4/22/04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| <b>FREE TRANSMITTAL<br/>for FY 2004</b><br><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b> |                     |                    |
|   |  | Application Number       | 10/806,828          |                    |
|   |  | Filing Date              | March 22, 2004      |                    |
|   |  | First Named Inventor     | Atladdottir         |                    |
|   |  | Examiner Name            | N/A                 |                    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                      |  | Art Unit                 | N/A                 |                    |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | \$0.00                   | Attorney Docket No. | ACS-64880 (4171DX) |

| <b>METHOD OF PAYMENT</b> (check all that apply)   |              | <b>FEE CALCULATION</b> (continued)      |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
|---|--------------|---|--------------|--|-----------|-----------------|-----------|------|------|--------------------|----------|------------------------|------|--------------------|------|-----|-----|-----------------------------------|--|------|------|-----|-----|---------------------------------------|--|------|------|-----|-----|--|--|------|------|-----|----|--|--|--------------|--|--|--|--|-----------|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None   |              | <b>3. ADDITIONAL FEES</b>               |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <input type="checkbox"/> Deposit Account:   |              | <b>Large Entity</b> <b>Small Entity</b> |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| Deposit Account Number: 06-2425   |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| Deposit Account Name: Fulwider Patton   |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| The Director is authorized to: (check all that apply)   |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments   |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>FEE CALCULATION</b>  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>  |              | Large Entity                            | Small Entity | Fee Code   | Fee (\$)  | Fee Description | Fee Paid  | 1001 | 2001 | 770                | 385      | Utility filing fee     |      | 1002               | 2002 | 340 | 170 | Design filing fee                 |  | 1003 | 2003 | 530 | 265 | Plant filing fee                      |  | 1004 | 2004 | 770 | 385 | Reissue filing                                     |  | 1005 | 2005 | 160 | 80 | Provisional filing fee                                     |  | SUBTOTAL (1) |  |  |  |  | (\$)      |  |  |  |  |
| Large Entity  | Small Entity | Fee Code                                | Fee (\$)     | Fee Description  | Fee Paid  |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1001  | 2001         | 770                                     | 385          | Utility filing fee   |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1002  | 2002         | 340                                     | 170          | Design filing fee  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1003  | 2003         | 530                                     | 265          | Plant filing fee   |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1004  | 2004         | 770                                     | 385          | Reissue filing   |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1005  | 2005         | 160                                     | 80           | Provisional filing fee                                     |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| SUBTOTAL (1)  |              |   |              |  | (\$)      |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td>-20** = 0</td><td>X</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>-3** = 0</td><td>X</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>   |              | Total Claims                            | Extra Claims | Fee from below   | Fee Paid  |                 | -20** = 0 | X    | 0.00 | Independent Claims | -3** = 0 | X                      | 0.00 | Multiple Dependent |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| Total Claims  | Extra Claims | Fee from below                          | Fee Paid     |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
|   | -20** = 0    | X                                       | 0.00         |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| Independent Claims  | -3** = 0     | X                                       | 0.00         |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| Multiple Dependent  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
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| Large Entity  | Small Entity | Fee Code                                | Fee (\$)     | Fee Description  | Fee Paid  |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1202  | 2202         | 18                                      | 9            | Claims in excess of 20                                     |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1201  | 2201         | 86                                      | 43           | Independent claims in excess of 3                          |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1203  | 2203         | 290                                     | 145          | Multiple dependent claim, if not paid                      |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1204  | 2204         | 86                                      | 43           | ** Reissue independent claims over original patent         |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| 1205  | 2205         | 18                                      | 9            | ** Reissue claims in excess of 20 and over original patent |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| SUBTOTAL (2)  |              |   |              |  | (\$) 0.00 |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |              |   |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
|   |              | <b>Other fee (specify)</b>              |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
|   |              | SUBTOTAL (3) (\$)                       |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |
|   |              | *Reduced by Basic Filing Fee Paid       |              |  |           |                 |           |      |      |                    |          |                        |      |                    |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |              |  |  |  |  |           |  |  |  |  |

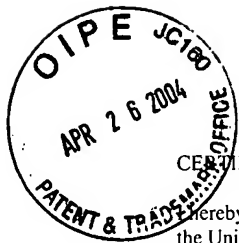
|                     |                            |                                   |              |
|---------------------|----------------------------|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |                            | <b>Complete (if applicable)</b>   |              |
| Name                | Douglas R. Peterson        | Registration No. (Attorney/Agent) | 53,458       |
| Signature           | <i>Douglas R. Peterson</i> | Telephone                         | 310-824-5555 |
|                     |                            | Date                              | 4/22/04      |

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Douglas R. Peterson  
Douglas R. Peterson, Reg. No. 53,458

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/806,828  
Applicant : Svava Maria Atladottir; David Chi; Nazanine Matin; Santosh Prabhu; Shawn Chin Quee; Hans F. Valencia  
Filed : March 22, 2004  
Art Unit : Unassigned  
Examiner : Unassigned  
Title : SELF-EXPANDING STENT AND CATHETER ASSEMBLY AND METHOD FOR TREATING BIFURCATIONS  
  
Docket No.: : ACS 64880 (4171DX)  
Customer No. : 24201

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:


The documents listed on the enclosed forms have come to the attention of Applicants and are submitted to the Office under 37 C.F.R. § 1.97(c) (3) and §1.98(d). Enclosed is a copy of an Information Disclosure Statement and Supplemental Information Disclosure Statements (each with Form PTO-FB-A820 or Form PTO/SB/08A) as filed in the parent application, U.S. Serial No. 09/861,473. It is believed that these references will be helpful during examination of the application.

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Applicants believe that this Information Disclosure Statement has been filed before the mailing date of a first Office action on the merits in accordance with 37 C.F.R. § 1.97(b)(3) and therefore, no fee is due. However, if a fee is in fact due the Commissioner is authorized to charge our Deposit Account No. 06-2425.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By:   
Douglas R. Peterson  
Registration No. 53,458

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49565.1